DOCUMENT RESUME

ED 255 001 EC 172 054

AUTHOR Powers, P. J.
TITLE The Effect of a Structured Special Education Service Program upon the Development of Effective Instructional Skills in University Students.
PUB DATE Oct 84
NOTE 37p.; Paper presented at the Annual Meeting of the Northern Rocky Mountain Educational Research Association (2nd, Jackson Hole, WY, October 4-6, 1984).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Adapted Physical Education; College Students; Competency Based Teacher Education; *Disabilities; Elementary Secondary Education; Higher Education; *Individualized Education Programs; Practicums; Program Evaluation; Teacher Education

ABSTRACT

University undergraduate students (N=22) developed individualized education programs (IEPs) for handicapped (N=22) clients of all ages and levels of conditions in physical education and the IEPs were implemented for 24 weeks. A competency-based curriculum in Adapted Physical Education (I CAN) was used for both IEP development and resultant precision teaching. At the end of the quarter, IEPs were evaluated by the faculty teaching the associative courses. IEP composite evaluation data was based on a 215 point scale in seven areas. Development of IEPs were directed toward six basic goals areas of adapted physical education from I CAN which included: (1) locomotor skills, (2) object control, (3) body awareness, (4) body control, (5) fitness and growth, and (6) posture. There was a total of over 140 individual performance objectives for the six goal areas from which students could develop and implement IEP's. Each performance objective had been task analyzed into skill levels and focal points for precision teaching at the four skill levels. Results indicated that university students from various educational majors can, in fact, develop and implement appropriate IEPs for all ages and types of handicapped children. However, accomplishment of such is dependent upon a highly structured practicum experience in which students are given the opportunity to submit rough drafts and receive constructive input prior to the final IEP. (Author/CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED255001

THE EFFECT OF A STRUCTURED SPECIAL EDUCATION SERVICE PROGRAM UPON THE DEVELOPMENT OF EFFECTIVE INSTRUCTIONAL SKILLS IN UNIVERSITY STUDENTS

By

P.J. Powers, Ed.D.
University of Montana
Physical Education - Handicapped Program
210 Adams Fieldhouse
Missoula, Montana 59812

For The

Northern Rocky Mountain Educational Research Association
Second Annual Meeting
Jackson, Wyoming
October 4 - 6, 1984

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
P. J. Powers

TO THE EDUCATIONAL RESOURCES

EC 172054

ABSTRACT

Powers, P.J. THE EFFECT OF A STRUCTURED SPECIAL EDUCATION SERVICE PROGRAM UPON THE DEVELCPMENT OF EFFECTIVE INSTRUCTIONAL SKILLS IN UNIVERSITY STUDENTS

UNIVERSITY OF MONTANA

The purpose of this study was to identify the potential of university students for developing effective interdisciplinary instructional skills in special education after interactive participation in a structured adapted physical education program sponsored by the University of Montana. University undergraduate students (N = 22) developed individualized education programs (IEP) for handicapped (N = 22) clients of all ages and levels of conditions in physical education and were implemented for 24 weeks. A competency-based curriculum in Adapted Physical Education (I CAN) was used for both IEP development and resultant precision teaching. At the end of the quarter, IEP's were evaluated by the faculty teaching the associative courses. IEP composite evaluation data was based on a 215 point scale in seven areas which included (1) background information, (2) assessment information, (3) educational goals, (4) instructional objectives, (5) client performance summary, (6) the complete IEP, and (7) completeness of client records. Possible points for each area ranged from 20 to 40 and each item within the respective areas were worth a maximum of 5 points (i.e. 5 = excellent and 0 = failure to provide relevant data in a professional manner).

Development of IEP's were directed toward six basic goal areas of adapted physical education from I CAN which included: (1) locomotor skills, (2) object control, (3) body awareness, (4) body control, (5) fitness and growth, and (6) posture. There was a total of over 140 individual performance objectives for the six goal areas from which students could develop and implement IEP's. Each performance objective had been task analyzed into skill levels and focal points for precision teaching at the following levels: (1) performance with assistance, (2) performance without assistance and with cue, (3) mature performance pattern, and (4) mature pattern with distance, speed, or accuracy requirements.

The results of the study indicated that university students from various educational majors can, in fact, develop and implement appropriate IEP's for all ages and types of handicapped children. However, accomplishment of such is dependent upon a highly structured practicum experience in which students are given the opportunity to submit rough drafts and receive constructive input prior to the final IEP. Further study was recommended to determine if student developed IEP's are effective in personnel preparation programs that attempt to accomplish such in the theoretical construct of typical university special education coursework without the availability of a structured and relevant practical experience.

INTRODUCTION

Many recent developments have affected the status of Adapted Physical Education (APE) Programs for students who are handicapped in American public schools. The Education for all Handicapped Children Act of 1975, P.L. 94-142 (Federal Register, 1977) mandated direct services of physical education for all handicapped children ages 3 to 21, as well as preservice training to all available physical education personnel engaged in any educational aspect for handicapped children. Wessel (1977, P. 7) stated that "a very significant impact of P.L. 94-142 will occur, not only with special educators providing for handicapped students but also with physical education teachers and support personnel." In addition, Sherrill (1981) contended that if APE programs are to be successful they must be of current, comprehensive, and multidisciplinary educational effort and direction.

Physical education for the handicapped has frequently encountered a question of applicable worth. Powers (1982) suggested that personal values, program biases, and specific and individual concerns are often impeding elements for the successful development and implementation of programs. The nature of physical education for the handicapped exists in various extremes ranging from full service to no service whatsoever. Miller and Sullivan (1982) stated that as the idea of integrating the handicapped into the public school system spreads, outmoded definitions of physical education will give way to new concepts.

Wiseman (1982) stated that the handicapped are more likely to realize their first successes in physical and motor fitness skills justifying the provision of physical educational activities to facilitate appropriate development. Despite the clear intention of integrating the handicapped into physical education programs there are at least two problems in providing such normalization opportunities. Crowe, Auxter, and Pyfer (1981) identified these as: first, the instructional technology available has not been incorporated into physical education; and second, the physical education teacher may not have had appropriate training to utilize new instructional processes and techniques.

Hence, this study was based on conclusions supporting that physical education experiences for the handicapped are educationally significant. While currently there exists a very limited amount of literature describing such a comprehensive delivery system, it is assumed that: (1) direct appropriate physical education services for the handicapped are insignificantly operant in public schools, (2) there are sufficient resources in special education and physical education to identify Personnel Preparation Instructional Processes for APE programs for the handicapped and (3) the identified preservice process would be capable of being implemented by Institutions of Higher Education to meet the unique physical education needs of the handicapped as well as be compliant with the mandates of P.L. 94.142 for personnel preparation.

PURPOSE OF THE STUDY

The purpose of this study was to identify the potential of university students for developing effective interdisciplinary instructional skills in special education after interactive participation in a structured APE program operative at the University of Montana. Specifically, the objectives of this study were to: (1) define the instructional function of physical education within special education and (2) identify and construct Personnel Preparation Processes necessary to interdisciplinarily train undergraduate students in the development and implementation of individualized education programs (IEP) in Adapted Physical Education.

RATIONALE FOR THE STUDY

Enactment of P.L. 94-142 rules and regulations in 1977 has created a new set of conditions under which physical education teachers must function. As a result, Howe (1981) stated that reactions to P.L. 94-142 vary from cautious enthusiasm to feelings of resentment at being dictated to and regulated by agencies outside of the school system. Crowe et al. (1981) contended that

> . . . no one type of adapted physical education program is suitable for all school levels or for all school districts. Possibly, this is why there is a very limited amount of material written about the organization and administration of physical education for the handicapped. Good organization and administration are essential if handicapped children are to be included in increasing numbers in schools and if they are to grow and flourish at a time when educational costs are rising and when pressures exist to examine carefully the total curricular offerings at all school levels (p. 423).

Howe (1981) found that most local school districts in the United States clearly are not of sufficient size to provide comprehensive instructional services to all of the handicapped pupils. Shanker (1980) stated that 4.25 million handicapped children, age 0 - 21, were either receiving inappropriate or no special education services. This necessitates that new or expanded programs be provided by the public shcools.

A survey of state directors of special education showed that procedures for providing physical education, a required service for handicapped students,

are not covered in the handicapped student referral and placement process in 62 percent of the states, as reported in Education for the Handicapped (1980). Also, physical education needs of Handicapped students are not being assessed through testing in 71 percent of the states.

The Report of the House of Representatives on P.L. 94-142 (U.S. House of Representatives, 1975), was concerned that

> Although physical education services are available to and required of all children in our school systems, they are often viewed as a luxury for handicapped children. The Committee expected the Commissioner of Education to take whatever action necessary to assure that physical education services are available to all handicapped children and that such services be specially designed where necessary to be provided as an integral part of the educational program of every handicapped child (p. 9).

Although federal legislative intent of providing physical education for all handicapped children was significant because of the Education of Handicapped Children Act of 1975 and the subsequent final rules and regulations in the Federal Register of 1977, such direct services still remain the luxury originally perceived by Congress.

In 1978, reports from the Bureau of Education for the Handicapped Personnel Preparation Projects estimated that less than 20 percent of the schools were offering physical education services to handicapped children. It was further estimated that 80 percent of the schools offering education services to handicapped children had totally inadequate physical education services.

Megginson (1980) noted that the lack of clarity and resultant turmoil caused by P.L. 94-142's mandating physical education for handicapped children has manifested implied and forced mainstreaming of handicapped children into physical education, regardless of the nature or severity of the disability and confusion as to the conditions under which specially designed physical education programs must be developed for a handicapped child. Aufsessor (1981) stated that litigation for change in special education has affected physical education by forcing the initiation of APE programs into schools where none existed causing a multitude of legal, political, and economic school problems. Auxter (1981) suggested that to provide the entitlement of equal physical education for the

handicapped, education is not necessarily equal. Rather, it must be equally effective with the IEP conducted in the most integrated setting.

The intent of P.L. 94-142 was to provide free appropriate public education for all of the nation's handicapped children aged 3 to 21. This mandated direct and qualified instruction in physical education, specially designed if necessary to be provided in the least restrictive environment.

Thus, the concept of least restrictive environment is also explicit for physical education by the IEP. Orr (1980) suggested that there are common problems confronting the physical education component of the IEP, including: (1) identification and categorization, (2) diversity of participants in meetings, (3) traditionalism and ignorant structure of physical education, (4) lack of qualified physical educators making physical education decisions, and (5) the inadequacy of physical education devices. Safer, Kaufman, Morrissey, and Lewis (1979) stated that the IEP will result in changes in the role of special physical education teachers' professional job requirements by: (1) allowing less time for the direct instruction of children, (2) sharing the responsibility for classroom activities, (3) increasing accountability to outsiders, (4) increasing demands on personal time, and (5) necessitating new requisite skills.

A study by Davis (1977) found that the average amount of time a teacher spends collecting data and writing an IEP for each preschool handicapped child was 10.9 hours and the median was 5.0 hours. Fenton, Yoshida, Maxwell, and Kaufman (1977) noted with a survey from the state of Connecticut, which found members of a placement team share the perception that the special education teacher was the most appropriate person to suggest students' subject matter needs, to suggest instructional methods for students, and to set evaluation criteria of students' performances. Such information arouses significant concern over current placement practices for handicapped children in physical education. The extensive practices of schools are: (1) not including qualified physical educators in multidisciplinary team placement decisions, (2) arbitrarily mainstreaming handicapped children into physical education, and/or (3) not providing appropriate, if any, physical education services for handicapped children. These practices appear to be almost as prevalent now as prior to the passage of P.L. 94-142. Additionally,

these practices represent obvious noncompliance by school districts with the intent and mandates of federal law.

Thus, the roles of physical education within the special education placement process, although legally defined, have become a myriad of administrative and organization complexities. Safter (1980) suggested that implementation of IEP's relies to a great extent on the goodwill and dedication of special education teachers, not on the provisions of adequate resources. This appears to suggest that there are no significant reasons for the exclusion of physical educators in the multidisciplinary team process.

Lortie (1975), however, stated that teachers devalue and resent noninstructional activities such as clerical duties or duties outside the classroom, as these activities detract from their potentially productive time instructing students. This may have been inferred by special education personnel to suggest that physical educators may devalue and resent the actual writing and monitoring of IEP's. However, it did not demonstrate that physical educators do not desire to be included in the determination of educational services to be provided to handicapped children by local education agencies.

Problems hindering physical education for the handicapped have not been adequately addressed through professional preparation nor the inservice training mandates of P.L. 94-142 and the state requirements for such. Stainback, Stainback, and Maurer (1976) suggested that training needs in special education contain elements of: (a) diagnostic evaluation, (b) curriculum, (c) methodology, (d) interdisciplinary teamwork, (e) field experience, and (f) parent training. Valletutti (1969) stated that regular classroom teachers who have not compliantly completed a specialized training program cannot be expected to teach incoming exceptional children effectively. Not only are the teachers' essential knowledge and teaching skills inadequate, but often their attitude toward the child is negative.

Smith and Arkans (1974) stated that many school systems, overwhelmed by national court cases, abandoned all of their special classes and dispursed those children into resource rooms. Special educators are presently confronted

with the task of establishing educational programs for a new school population of severely and profoundly handicapped children. Schools have taken the position that these services will be more effectively and efficiently delivered through special class programs. This dilemma has also emerged within the academic area of physical education but has yet to be significantly pursued because of the extremely small number of school districts affording appropriate physical education experiences for handicapped children.

Gickling and Theobald (1975) surveyed 400 teachers and supervisor/administrators in Tennessee from regular and special education regarding the mainstreaming of exceptional children. It was found that 51 percent of regular education teachers were not even acquainted with most of the information on the questionnaire used in the survey. It was suggested that the poor overall communication on the part of special education has led regular education personnel to become hesitant about mainstreaming. With the inconsistent and infrequent follow-through demonstrated in the past by special education, regular education might well conclude that inadequate follow-through by special education will continue. Therefore, it was significantly apparent that if the legal and educational impasse separating the philosophical and actual practices of preparing special educators to provide physical education experiences for all handicapped children were to be overcome, an interdisciplinary emphasis of preservice training for the development and implementation of such programs had to be identified.

METHOD

Subjects and Design

Two Groups (Table 1) of undergraduate students (N=ZZ) were selected from university coursework offered by the University of Montana in Adapted Physical Education during the Winter and Spring Quarters of 1984. All students were responsible for the development and implementation of IEP's in Physical Education for profoundly to moderately (N=ZZ) handicapped clients of all ages (6 - 21) and disabilities (e.g., mental retardation, autism, physical handicaps, etc.) for 1 hour of instructional intervention over a 12 week period (Table 2). None of the undergraduate students involved in the study had any previous professional preparation in Adapted Physical Education.

TABLE 1

TABLE 2

Procedures

A competency-based curriculum in APE (I CAN) was used for both IEP development and resultant precision teaching by undergraduate students. At the end of each Quarter, IEP's were evaluated by the faculty member teaching the respective APE course. IEP composite evaluation data was based on a 215 point scale in seven areas which included: (1) client background information, (2) assessment information, (3) educational goals, (4) instructional objectives, (5) client performance summary, (6) the complete IEP, and (7) completeness of client records. Possible points for each area ranged from 20 to 40 and each item within the respective areas were worth a maximum of 5 points (i.e., 5 = excellent and 0 = failure to provide relevant data in a professional manner).

Based on Popham's (1981) suggestion, two arbitrary, but realistic mastery criteria were established: 151/215 IEP evaluation points (70%) and 183/215 (85%). An undergraduate whose IEP scored at 70% was considered to have minimally mastered the IEP development and implementation process and 85% was regarded as a high level of mastery. Undergraduate students not achieving this level were classified as non-masters.

TABLE 1

ANALYSIS OF UNDERGRADUATE STUDENTS BY MAJOR

MAJOR	WINTER QTR.	SPRING QTR.	TOTAL
Health and Physical Education	4	5	9
Special Education	3	1	4
Education (K-12)	1	2	3
Athletic Training	1	2	3
Physical Therapy	-	2	2
Recreation	-	1	1
TOTAL	9	13	22

TABLE 2

ANALYSIS OF HANDICAPPED CLIENTS BY AGE AND LEVEL OF HANDICAPPING CONDITION

AGE	PROFOUND	SEVERE	MODERATE	TOTAL
6 - 14	1	2	9	12
15 - 21	4	4	2	10
TOTAL	5	6	11	22

Development of IEP's were directed toward six basic goal areas of I CAN, a competency based APE curriculum, which included: (1) locomotor skills, (2) object control, (3) body awareness, (4) body control, (5) fitness and growth, and (6) posture. There was a total of over 140 individual performance objectives (PO) for the six goal areas from which undergraduate students could develop and implement IEP's. Each PO had been task analyzed for precision teaching at the following levels: (1) performance with assistance, (2) performance without assistance but with instructional cue, (3) mature performance pattern, and (4) mature pattern with distance, speed, or accuracy requirements.

All undergraduate students were inserviced by a faculty member in the I CAN curriculum and IEP process used by the University of Montana Physical Education-Handicapped service program as recommended by the Field Service Unit of Michigan State University which developed the I CAN program. This initially consisted of three and one-half hours of initial inservice followed by a 45 minute to 1 hour staffing following delivery of APE instruction for the duration of the 12 week Quarter. Additionally, all students were required to complete a rough draft copy of the IEP by the sixth week of the Quarter. Corrections, recommendations, etc., were made by the faculty member to assist in the final copy of the IEP which was then evaluated by the faculty member.

RESULTS

Data were collected and analyzed using IEP's developed in both Quarters to reveal composite scores. PO data was collected from IEP's developed and collaborated by cross-referencing to records kept on all handicapped clients. This was felt to be an appropriate analysis of the data since many items are univariant to the University Special Education Service program. In fact, application of data to local education agency records were impossible since the handicapped clients received no physical education other than by the University sponsored service program. Thus, data appear to be best utilized as performance measures of preservice training efforts at the current time and representative of potential integration of physical education into special education programs on an interdisciplinary basis.

IEP EVALUATIVE DATA

The mean ranked values of IEP evaluation components are presented in Table 3. A simple central tendency methodology was used to investigate the factors of IEP design and development among undergraduate students. The mean value of undergraduate students evaluation was 83.33% indicating significant mastery of the IEP development and implementation process. The proportion of high levels of mastery are presented in Table 4. The results indicated 95.45% of undergraduate students at high or minimal levels of mastery.

TABLE 3

TABLE 4

Handicapped Client Performance Data

The mean ranked number of PO's taught for handicapped clients (HC) are presented in Table 5. The highest ranked area of instruction for HC was object control with posture being least utilized. The 22 HC were exposed to 455 PO's throughout the six goal areas with each client being taught an average of 22.03 PO's throughout the 24 week period. A simple central tendency and factor analytic methodology was used to compile instructional interactions among all HC.

TABLE 5

The results using HC present levels of performance according to goal areas and skill levels (SL) for each PO are presented in Table 6. The mean was 24.5 which encompassed 15 goal areas with a SL range of 1-4. The highest concentration of goal areas fell within fitness/growth, locomotor skills and posture with 3 each and lowest were in object control, body awareness, and body control with 2 each. The highest concentration of SL was at number 1 with number 4 being the lowest. These results indicated that the majority of HC need direct assistance in the execution of fitness/growth, locomotor skills, and posture PO's.

TABLE 3

ANALYSIS OF MEAN RANKED VALUES OF IEP EVALUATION COMPONENTS

IEP AREA	POSSIBLE PTS.	$\bar{X}$ POINTS	RANGE	$\bar{X}$ %	MASTERY H	M	N
Completed IEP	25	21.73	15-25	86.92	16	5	1
I CAN Records	30	25.87	23-29	86.23	9	13	-
Background Information	20	17.24	14-20	86.2	12	10	-
Instructional Objectives	35	29.79	10-35	85.11	14	5	3
Client Performance Summary	30	24.79	15-30	82.63	12	5	5
Assessment Information	35	28.91	20-34	82.6	8	9	5
Educational Goals	40	31.37	14-35	78.42	12	7	3
TOTAL	215	179.70	111-208		9	12	1

High Mastery (H) = 85% or 183/215 Possible Points

Mastery (M) = 70% or 151/215 Possible Points

Non-Mastery (N) = 69% or less than 150/215 Possible Points

TABLE 4

PROPORTION OF RANKED MASTERY LEVELS FOR
UNDERGRADUATE STUDENTS IN THE IEP DEVELOPMENT PROCESS

IEP EVALUATION COMPONENT	MASTERY HIGH	(%)	MINIMAL	(%)	NON	(%)
Completed IEP	16	(72.7)	5	(22.7)	1	(4.5)
Instructional Objectives	14	(63.6)	5	(22.7)	3	(13.6)
Background Information	12	(54.5)	10	(45.4)	0	(0)
Educational Goals	12	(54.5)	7	(31.8)	3	(13.6)
Client Performance Summary	12	(54.5)	5	(22.7)	5	(22.7)
I CAN Records	9	(40.9)	13	(59)	0	(0)
Assessment Information	8	(36.3)	9	(40.9)	5	(22.7)
TOTAL COMPOSITE IEP	9	(40.90)	12	(54.55)	1	(4.55)

NOTE: High Mastery = 85% or 183/215 Points
Minimal Mastery = 70% or 151/215 Points
Non-Mastery = 69% or 150/215 Points

TABLE 5

RANKED NUMBER OF PO's BY GOAL AREAS TAUGHT TO
HC WITH CORRESPONDING ALLOCATION OF INSTRUCTIONAL TIME

	GOAL AREA	# OF HC	# OF PO's	$\bar{X}$ PO/HC	% OF INSTRUCTION	PO RANGE	SAMPLE PO's
1.	Object Control	22	155.98	7.09	34.23	2-10	Roll, throw, catch, strike, kick
2.	Locomotor/Rhythmic	22	86.9	3.95	19.07	1-6	Run, skip, jump hop, even beat
3.	Body Control	21	68.88	3.28	15.11	1-6	Static balance, log roll, dynamic balance, inverted balanc
4.	Fitness/Growth	22	57.86	2.63	12.70	1-4	Flexibility, relaxation, strength, endurance, weight control
5.	Body Awareness	22	55.0	2.50	12.07	1-4	Directions, actions, planes shapes
6.	Posture	12	30.96	2.58	6.79	1-9	Standing, pushing, pullin holding, lowering, lifting
	TOTALS		455.58	22.03	99.97	1-10	

TABLE 6

HC RANKED PRESENT LEVEL OF PERFORMANCE BY SKILL LEVELS

	GOAL AREA	SKILL LEVEL	% HC AT THIS SL	STANDARD DEVIATION
1.	Object Control	2	46.79	
2.	Body Control	2	43.47	+ 1
3.	Body Awareness	2	40.0	
4.	Fitness/Growth	2	36.2	
5.	Posture	2	35.34	
6.	Locomotor Skills	3	32.18	
7.	Object Control	3	32.05	
8.	Fitness Growth	4	31.03	Mean
9.	Locomotor Skills	1	29.88	Skill
10.	Fitness/Growth	1	29.31	Levels
11.	Body Awareness	1	29.09	
12.	Posture	1	29.03	
13.	Body Control	1	28.98	
14.	Locomotor Skills	2	27.58	
15.	Body Control	3	26.08	
16.	Posture	3	25.80	
17.	Body Awareness	3	20.0	
18.	Object Control	1	15.38	
19.	Body Awareness	4	10.9	
20.	Locomotor Skills	4	10.34	
21.	Posture	4	9.67	- 1
22.	Object Control	4	5.76	
23.	Fitness Growth	3	3.44	
24.	Body Control	4	.0144	- 2

N = 22

$\bar{X}$ = 24.5

Sd = 12.7

The results using HC present levels of performance according to goal areas and skill levels to prioritize instructional emphasis are presented in Table 7. Priorities for instruction were determined by ranking goal areas with the least number of HC at given percentages being the most important for remediation. For example, at SL #1, Object Control had the least number of HC being proficient at PO's in that goal area. Therefore, instruction should be directed toward mastery of those PO's (e.g., catch, kick, throw, etc.) as opposed to teaching locomotor skills PO's (e.g., run, hop, jump, etc.) which have a higher degree of mastery by HC within SL #1.

TABLE 7

DISCUSSION

The results of the study indicated that university undergraduate students from various educational majors can, in fact, develop and implement appropriate IEP's in physical education for all ages, types, and levels of handicapped children. The IEP's developed in a structured special education service program by undergraduate students were represented by a 95.45 percent mastery level. Of that mastery population, 40.9 percent were at a high level (85%) of proficiency in IEP development and implementation. In terms of IEP content, assessment procedures appear to require more attention by personnel responsible for professional preparation even though students possess minimal mastery (70%) of such.

The study also reinforced the need for APE programs to be based upon a curriculum that contains performance objectives or referenced criterion which are readily observable and accommodating to different levels of handicapping populations. Too often, APE experiences are centered around games, sports, and/or activities that are not readily observable nor accommodating. This inherent limitation causes undue restriction not only to the child, but the teachers as well. Thus, usage of standard curriculum, such as I CAN, allows not only ease in IEP development and implementation but also can readily integrate the IEP into various game and sport activities without impeding instructional diversity.

TABLE 7

PRIORITIZED INSTRUCTIONAL GOAL AREAS ACCORDING TO

COMPOSITE SKILL LEVELS OF HANDICAPPED CLIENTS

PRIORITY	GOAL AREA	% HC AT THIS SL	SKILL LEVEL
1.	Object Control	15.38	SL #1 - Requiring a verbal request,
2.	Body Control	28.98	demonstration of performance objective,
3.	Posture	29.03	and physical assistance by teacher
4.	Body Awareness	29.09	
5.	Fitness/Growth	29.31	
6.	Locomotor Skills	29.88	
1.	Locomotor Skills	27.58	SL #2 - Requiring a verbal request,
2.	Posture	35.48	demonstration of performance objective,
3.	Fitness/Growth	36.20	and visual/verbal prompt prior to
4.	Body Awareness	40.0	execution without teacher assistance.
5.	Body Control	43.47	
6.	Object Control	46.79	
1.	Fitness/Growth	3.44	SL #3 - Requiring verbal request and
2.	Body Awareness	20.0	demonstration of performance objective
3.	Posture	25.8	prior to execution without teacher
4.	Body Control	2608	assistance with elements of a mature
5.	Object Control	32.05	pattern.
6.	Locomotor Skills	32.18	
1.	Body Control	.0144	SL #4 - Requiring verbal request and
2.	Object Control	5.76	demonstration of performance objective
3.	Posture	9.67	prior to execution of mature pattern
4.	Locomotor Skills	10.34	without teacher assistance according to
5.	Body Awareness	10.9	distance, speed, or accuracy requirements
6.	Fitness/Growth	31.03	

Another highlight of structuring IEP's around a criterion-referenced physical education curriculum is that teachers can prioritize emphasis of instruction toward the local needs of handicapped children in their special education programs. Although this study prioritized goal performance objectives that may be useful as guidelines, they are directed toward predominantly profound and severe populations. Special education programs that deal with other levels of handicapped populations may find a restructuring of instructional emphasis in Physical Education that is more appropriate to their particular setting.

Unfortunately, most undergraduate students in education are not given the opportunity to develop and implement IEP's in special education, let alone adapted Physical Education yet, this study indicated that students are capable of creating effective IEPs. However, accomplishment of such is dependent upon a highly structured practicum experience in which students are given the opportunity to submit rough drafts and receive constructive input by faculty prior to the final IEP. Further study is recommended to determine if student developed skills in IEP implementation are effectively transitioned into the public schools by the theoretical construct of typical university special education coursework without the availability of a structured or relevant practicum experience.

REFERENCES

AUXTER, D., Equal Educational Opportunity for the Handicapped Through Physical Education, The Physical Educator, 1981, 38 (1), 8-15.

CROWE, W.C., AUXTER, D. and PYFER, J., Principles and Methods of Adapted Physical Education and Recreation (4th ed.), St. Louis: C.V. Mosby, 1981.

DAVIS, F., Planning Time: Summary of Preschool IEP Plans. Unpublished Manuscript. Harrisburg, PA: Connect, 1977.

Education for the Handicapped, 1980, 6 (17).

Federal Register. Education of Handicapped Children Act. 42 (August 23, 1977): 42474-98.

FENTON, K., YOSHIDA, R.K., MAXWELL, J. and KAUFMAN, M.J., Role Expectation: Implications for Multi-disciplinary Pupil Programming. Washington, D.C.: U.S. Office of Education, Bureau of Education for the Handicapped, Division of Innovation and Development, State Programs Study Branch, 1977.

GICKLING, E.E. and THEOBALD, J.T., Mainstreaming: Affect or Effect. Journal of Special Education, 1975, 9 (3), 317-28.

HOWE, C.E., Administration of Special Education. Denver: Love Publishing, 1981.

LORTIE, D., School Teacher. Chicago: University of Chicago Press, 1975.

MEGGINSON, N.L., Regular vs. Specially Designed Programs: Use of least restrictive environment in the clarification of Physical Education services to be extended to handicapped children. The Physical Educator, 1980, 37 (4), pp. 206-08.

MILLER, A.G. and SULLIVAN, J.V., Teaching Physical Activities to Impaired Youth. John Wiley and Sons, 1982.

ORR, R.E., Does the IEP really deal with the handicapped individual's special need? The Physical Educator, 1980, 37 (1), 4-7.

POPHAM, W.J., Modern Educational Measurement. Englewood Cliffs, N.J.: Prentice-Hall, 1981.

POWERS, P.J., Psychotheraputic Techniques in Education Inservice. Journal of Physical Education, Recreation, and Dance, 1982, 53 (6), 53-55.

SAFER, N.D., et al. Implementation of IEP's: New Roles and Requisite Support Systems. Instructional Planning for Exceptional Children. Denver: Love, 1980, 141-76.

SHANKER, A., Problems and Prospects of P.L. 94-142. The Generator, Spring 1980, 10 (2).

REFERENCES

SHERRILL, C., Adapted Physical Education and Recreation (2nd ed.). Dubuque, Iowa: Wm. C. Brown, 1981.

SMITH, J.O. and ARKANS, J.R., Now More Than Ever: A Case for the Special Class. Exceptional Children, 1974, 40 (7), 497-502.

STAINBACK, S., STAINBACK, W. and MAURER, S., Training Teachers for the Severely and Profoundly Handicapped: A New Fontier. Exceptional Children, 1976, 42 (4), 203-10.

U.S. House of Representatives. House Report No. 94-332. Washington, D.C.: 1975.

WESSEL, J.A., Planning Individual Education Programs in Special Education. Northbrook, Ill.: Hubbard, 1977.

WISEMAN, D.C., A Practical Approach to Adapted Physical Education. Reading, Mass.: Addison-Wesley, 1982.

APPENDIX A

1. University of Montana Physical Education Handicapped Program IEP Format
2. University of Montana Physical Education Handicapped Program IEP Evaluation Form

UNIVERSITY OF MONTANA PHYSICAL EDUCATION-HANDICAPPED PROGRAM

INDIVIDUALIZED PHYSICAL EDUCATION PROGRAM

LIENT LAST NAME:_____ FIRST NAME:_____ BIRTHDATE:_____ AGE:____

ARENT/GUARDIAN:_____ ADDRESS:_____ CITY:_____

ARENT PHONE:_____ SCHOOL ATTENDING:_____ TEACHER:_____

RADE:_____ MAJOR EEN AREA:_____ DESCRIBE HANDICAPPING OR OTHER CONDITIONS:

OCIAL,EMOTIONAL OR EDUCATIONAL FACTORS AFFECTING PARTICIPATION IN PROGRAM:

OMMENTS/CONCERNS ADDITIONALLY AFFECTING PROGRAM PARTICIPATION:

THER CURRENT HEALTH, PSYCHOLOGICAL, RELATED, OR SCHOOL SERVICES PROVIDED:

I PROGRAM STAFF MEMBER_____

I PROGRAM DIRECTOR_____

EA DESIGNEE_____

QUARTER:_____ YEAR:_____

___ assessment report

___ goal statement

___ instructional objectives

___ evaluation/summary report

IPEP SHORT - TERM INSTRUCTIONAL OBJECTIVES

LIENT:_____ QUARTER:_____ YEAR:_____ UM STAFF:_____

KEY

kill 1. with assistance 3. mature pattern
evel: 2. without assistance 4. control/accuracy

Mastery: ++ exceeded projection 0 no progress
+ made progress - lost progress

		ENTRY ASSESSMENT			PROJECTED		END OF QUARTER		
OAL REA	PERFORMANCE OBJECTIVE	SKILL LEVEL	FOCAL POINT	DATE	SKILL LEVEL	FOCAL POINT	SKILL LEVEL	FOCAL POINT	MASTERY

IPEP QUARTER EVALUATION AND SUMMARY OF PROGRESS

CLIENT:_____ QUARTER:_____ YEAR:_____ UM STAFF:_____

OBJECTIVE INVENTORY AND PERFORMANCE SUMMARY

GOAL AREA	PO's ATTEMPTED	PO's COMPLETED	PO's CARRIED	EXCEEDED EXPECTATION	SATISFIED EXPECTATION	MADE PROGRESS	NO PROGRESS
LOCOMOTOR SKILLS							
OBJECT CONTROL							
BODY AWARENESS							
BODY CONTROL							
FITNESS/GROWTH							
POSTURE							
TOTAL							

COMMENTARY ON QUARTERLY PROGRESS:

RECOMMENDATIONS FOR NEXT QUARTER:

REVIEWED BY:

PROGRAM DIRECTOR:_____ DATE:_____

LEA DESIGNEE:_____ DATE:_____

No. of Client Absences:_____

Dates Absent: _____

_____

_____

_____

IPEP ASSESSMENT RESULTS/PRESENT LEVEL OF EDUCATIONAL PERFORMANCE

CLIENT_____ QUARTER:_____ YEAR:_____ UM STAFF:_____

Accurately describe client performance based on I CAN formal assessment and informal observation data in the following psychomotor goal areas:

LIST BOTH STRENGTHS AND WEAKNESSES

Locomotor Skills:	Object Control:
Body Awareness:	Body Control:
Fitness and Growth:	Posture:

AFF MEMBER N=22 CLIENT N=22

ARTER WINTER & SPRING YEAR 1984 IEP EVALUATOR $\bar{X}$ SCORES FOR EACH ITEM

R EACH OF THE FOLLOWING EVALUATION ITEMS A FIVE POINT LICKERT SCALE WILL BE USED. A RATING CORDING TO THE POINT VALUES LISTED BELOW SHOULD BE GIVEN FOR EACH EVALUATION ITEM. THE LUES SHOULD ADDED TOGETHER TO GIVE A FINAL COMPOSITE SCORE AT THE END OF THE FORM.

5 = EXCELLENT provision of relevant data and information in a professional manner.
4 = GOOD provision of relevant data and information in a professional manner.
3 = AVERAGE provision of relevant data and information in a professional manner.
2 = FAIR provision of relevant data and information in a professional manner.
1 = POOR provision of relevant data and information in a professional manner.
0 = FAILURE to provide relevant data and information in a professional manner.

BACKGROUND INFORMATION (SHEET # 1)

The provision of miscellaneous information about the client was 4.59.
The description of the clients handicapping condition was 4.19.
The description of factors affecting client participation in the program was 4.09.
Overall, the background information about the client was 4.34.
EVALUATOR COMMENTS:

17.24 of 20 PTS.

ASSESSMENT INFORMATION (SHEET # 2)

Analysis of strengths/weaknesses in locomotor skills was 3.93.
Analysis of strengths/weaknesses in object control skills was 4.14.
Analysis of strengths/weaknesses in body awareness skills was 4.14.
Analysis of strengths/weaknesses in body control skills was 3.86.
Analysis of strengths/weaknesses in fitness and growth skills was 4.08.
Analysis of strengths/weaknesses in posture skills was 4.29.
The overall description of client strengths/weaknesses in physical education was 3.95.
EVALUATOR COMMENTS:

28.91 of 35 PTS.

EDUCATIONAL GOALS (SHEET #3)

The description of client goals in the psychomotor domain was 4.29.
The description of client goals in the cognitive domain was 3.35.
The description of client goals in the affective domain was 3.15.
The positive nature of client goals stated was 4.08.
The description of instructional strategies to promote learning was 4.28.
The description of appropriate interventions was 4.23.
The overall relationship of goals based on assessment was 3.97.
The relationship of goals to interventions and strategies was 4.01.
EVALUATOR COMMENTS:

BEST COPY AVAILABLE

31.37 of 40 PTS.

INSTRUCTIONAL OBJECTIVES (SHEET #4)

The distribution of performance objectives among various goal areas was 4.31.
The selection of performance objectives based on assessment results was 4.23.
Performance objective's skill levels/focal point verification in class performance score sheets in client records was 4.42.
The listing of entry assessment information was 4.39.
The projection of client potential achievement was 3.91.
The listing of the end of quarter information was 4.55.
Overall, the performance objectives for the client in terms of selection, accuracy was 3.72.
EVALUATOR COMMENTS:

29.79 of 35 PTS.

CLIENT PERFORMANCE SUMMARY (SHEET #5)

The accuracy of the performance objective inventory was 4.41.
The appropriateness of the performance summary was 4.5.
The inventory's accuracy in relationship to sheet #4 was 3.94.
The descriptive commentary on quarterly progress of the client was 3.97.
The appropriateness of next quarter's recommendations for the client was 3.88.
The overall quality of the client review summary was 4.08.
EVALUATOR COMMENTS:

24.79 of 30 PTS.

THE COMPLETE IEP

The overall quality of the IEP was 4.16.
The neatness of the whole IEP was 4.38.
The accurate reflection of I CAN class performance score sheets was 4.27.
The postive, professionalism evident by the IEP was 4.06.
The completeness of IEP components was 4.55.
EVALUATOR COMMENTS:

21.73 of 25 PTS.

I CAN RECORD BOOKS

The quality and detail in record keeping of class performance score sheets was 4.44.
The completeness of quarter plans and accuracy to lesson plans was 4.59.
The quality and detail of individual lesson plans was 4.43.
The critique/commentary provided for each lesson plan was 4.0.
The neatness of the record book was 4.01.
The overall detail and quality of recordkeeping was 4.39.
EVALUATOR COMMENTS:

BEST COPY AVAILABLE

25.87 of 30 PTS.

CLIENT:_____ QUARTER:_____ YEAR:_____ UM STAFF:_____

PRIORITIZED QUARTER PSYCHOMOTOR GOALS WITH TERMINAL OUTCOMES:

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

5. _____

_____

DESCRIBE IN DETAIL THE INSTRUCTIONAL STRATEGIES TO BE USED TO PROMOTE POSITIVE LEARNING BEHAVIORS AND REDUCE PROBLEM LEARNING BEHAVIORS:

APPROPRIATE REINFORCERS, SCHEDULES, INTERVENTIONS TO FACILITATE ABOVE LEARNING BEHAVIORS: